

Health Department, City of Baltimore.

Permit No.

A. 1181

Office of Registrar of Vital Statistics.

Ward

1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 11 1887

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John H. Remers

Sex, Male or Female,

Cross out the word not required in this line.

male

Age,

Years,

8

Months,

✓

Days

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birth Place,

State or country, and how long in the United States, if of foreign birth.

West Point Pa.

Duration of Residence in the City of Baltimore,

1 month

Place of Death,

Give Street and Number.

505 Cannon St

Cause of Death,

First (Primary),

Cholera Infantum

Second (Immediate),

Duration of Last Sickness,

9 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Peters. Cem

Date of Burial,

July 12, 1887

Undertaker,

H. Sandbergson

A. S. Warner

M. D.

Medical Attendant.

Place of Business,

1710 Centerway

Address,

Bank & 2nd St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1182 Office of Registrar of Vital Statistics.

Ward 41st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 12th 1887

Full Name of Deceased, Esther E. Chaffinch
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female
{ Cross out the word not required in this line. }

Age, 2 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, 3

Birth Place, Balto
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life I think

Place of Death, 812 N. Howard St
{ Give Street and Number. }

Cause of Death, Diphtheria
{ First (Primary), Second (Immediate), Exhaustion }

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Lorraine Cemetery

Date of Burial, July 12th

{ Undertaker, Geo Schilling

{ Place of Business, 412 N. Howard St

Geo. B. Reynolds M. D.

Medical Attendant.

Address, 711 N. Calvert

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1183 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 11th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Elizabeth Taylor.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 9 Years, 10 Months, 10 Days

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 1424 Hampstead St

Cause of Death, { First (Primary), Second (Immediate), } Pertussis

Duration of Last Sickness, about one month

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, July 12th

Undertaker, John E Grace

Place of Business, 313 S. Lardine St Address, 4 N. Broadway

D W Cather M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1184 Office of Registrar of Vital Statistics.

Ward 18th

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday July 11th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank A. Mciry

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — Years, — Months, 1 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 724 St Peters St

Duration of Residence in the City of Baltimore, 1 Day

Place of Death, {Give Street and Number.} 724 St Peters St

Cause of Death, {First (Primary), Asphyxia neonatorum
Second (Immediate), —}

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 12th 1887

{Undertaker, Wm J. Turner Medical Attendant, L E Neale M. D.}

{Place of Business, 221 Scutaw St Address, 319 W. Monument St}

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[OVER.]

No. 1185

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1185 Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 11 1887

Full Name of Deceased, Helen Thompson
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female
{ Cross out the word not required in this line. }

Age, 6 Years, 6 Months, 15 Days.

Color, Colored

Married, Single, Widow or Widower, Widow
{ Cross out the words not required in this line. }

Occupation, See of life

Birth Place, Balto
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 102 York St

Place of Death, Sholea Infantum
{ Give Street and Number. }

Cause of Death, Convulsions
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 13 1887

Undertaker, W. B. Ross

Place of Business, 617 Sharp St Address.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1186 Office of Registrar of Vital Statistics. Ward 15

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CERTIFICATE OF DEATH.

Date of Death, July 11th

Full Name of Deceased, Alfred Johnston
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, Six Years, — Months, — Days

Color, Caucasian

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, —

Birth Place, Baltimore
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 219 Perry St
{ Give Street and Number. }

Cause of Death, Cholera Infantum
Exhaustion
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cemetery

Date of Burial, July 12 1887

Undertaker, Hercules Ross

Place of Business, 404 Broadway Address, 108 Curwain St.

DeLancy H. Bauld M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 1187 Office of Registrar of Vital Statistics.

Ward 13

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CERTIFICATE OF DEATH.

Date of Death, 11th July, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charlotte L. Robeth.

Sex, Male or Female, { Cross out the word not required in this line. } Female.

Age, 83 Years, 5 Months, 2 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow.

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Prussia.

Duration of Residence in the City of Baltimore, 50 Years.

Place of Death, { Give Street and Number. }

911 West Baltimore St.

Cause of Death, { First (Primary),
Second (Immediate), }

Crippled Heart
Old Age

Duration of Last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, Western View

Date of Burial, July 13/87

{ Undertaker, J. B. Cook

C. H. Little, M. D.
Medical Attendant.

{ Place of Business, 1003 W. Baltimore Address, Gayette & Fremont Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1188 Office of Registrar of Vital Statistics. Ward 10

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CERTIFICATE OF DEATH.

Date of Death, July 11 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry A Henry

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 49 Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Musician

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, { Give Street and Number. } 230 Pine St

Cause of Death, { First (Primary), Second (Immediate), } Heart Disease
Dropsy

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, July 13th 1887

Undertaker, W. H. Water W. B. Arnold M. D. Medical Attendant.

Place of Business, 118 Gummert St Address, —

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Health Department, City of Baltimore.

Permit No. 1189 Office of Registrar of Vital Statistics.

Ward 5th

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1887

Full Name of Deceased, Elizabeth Rachel
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female
{ Cross out the word not required in this line. }

Age, 3 Years, 11 Months, 11 Days.

Color, W.

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, City

Birth Place, Lifftonia
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 512

Place of Death, Emor St
{ Give Street and Number. }

Cause of Death, Enteritis
Asthemia
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Ch

Date of Burial, July 13th 1887

Undertaker, Henry Hooker

Place of Business, 623 Federal St Address, 722

H. T. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Health Department, City of Baltimore.

Permit No. 1190 Office of Registrar of Vital Statistics.

Ward 54

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11 - 87

Full Name of Deceased, Maths Viola Howard
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female
{ Cross out the word not required in this line. }

Age, 1 Years, 0 Months, 0 Days.

Color, Colored

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, City

Birth Place, State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 12th Edward St.

Place of Death, Stratton
{ Give Street and Number. }

Cause of Death, Eclampsia
{ First (Primary), Second (Immediate), }
1 wk

Duration of Last Sickness, 1 wk

All the above information should be furnished by the Physician.

Place of Burial, Leah Cem

Date of Burial, July 12th 87

{ Undertaker, Sorrell & Son

{ Place of Business, 416 Cross St

Frank G. Moyer M. D.

Medical Attendant

Address, 4 So. Euston

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[OVER.]